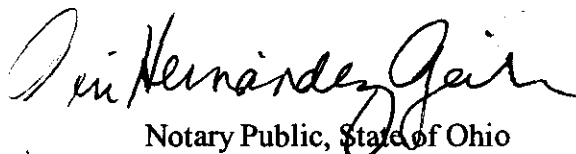


CERTIFICATION OF PUBLIC RECORDS

I, Tom Lakamp, hereby certify that the attached Cincinnati Fire Division Medical Run Report dated 5/29/00 is a true and accurate copy of a public record kept in the ordinary course of business at the Cincinnati Fire Department.


TOM LAKAMP
Cincinnati Fire Department

Sworn and subscribed in my presence this 29th day of July, 2004.


Notary Public, State of Ohio

GERI HERNANDEZ GEILER, Attorney at Law
Notary Public, State of Ohio
My Commission Has No Expiration Date
Section 147.03

CINCINNATI FIRE DIVISION		Date	Unit Shift	E	Company #	S
MEDICAL RUN REPORT FORM-33		5-29-00	3		23	23
Incident No.		FDZ	E		Call Rec'd	
82		0056			1444	1557
Additional Companies		E		Scene	1452	
Bill #		Driver	Badge #	Tech	Responding From	
24		831			E	
First Name		MI, Last Name	Age		Sex	
Kathryn		L Tubbs	44		F	
Patient's Street Address		City	State	Zip	County	
1622 Jonathan		Camp	OH	45207	Hamilton	
Social Security Number		Date of Birth	Patient's Phone Number		Rec. Hosp.	
426-11-6127		5-23-92	861-3672		Belmont North	
Location of Call		MEDICAL HISTORY		TYPE		ALLERGIES
1516 Suedette		<input checked="" type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Emphysema <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Psych <input type="checkbox"/> Seizures <input type="checkbox"/> Stroke/TIA <input type="checkbox"/> Other		<input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> No Transp. <input type="checkbox"/> Disregard		<input type="checkbox"/> Aspirin <input type="checkbox"/> Codeine <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulf <input type="checkbox"/> Other
Nature of Call		Dispatch Code		Medications		
203				LASN		
Chief Complaint		Final Code		Medication		
General Weakness				Medication		
Vital Signs		Time	B.P.	Pulse	Resp	
1st Resp.		14:57	112/0	104	28	
1st Set						
Trans. Unit		1514	170	80	28	
2nd Set						
3rd Set						
1st Responder Primary Assessment						
PT. DEBILITATED GENERAL WEAKNESS AND ALARM. 203. ALSO LAST SEEN BY DOCTOR WEEK AGO.						
Co. Officer Badge # 078 EMS Personnel Badge #'s 618 619						

PATIENT ASSESSMENT					
Eye Opening	Verbal Response	Best Motor Response	Respiration	Skin	Pupils
<input checked="" type="checkbox"/> Spontaneous <input type="checkbox"/> To Voice <input type="checkbox"/> To Pain <input type="checkbox"/> None	<input checked="" type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Words <input type="checkbox"/> Incompr. Sounds <input type="checkbox"/> None	<input checked="" type="checkbox"/> Follow Commands <input type="checkbox"/> Localizes Stimulus <input type="checkbox"/> Withdraws <input type="checkbox"/> Flexion Posturing <input type="checkbox"/> Extension Posturing <input type="checkbox"/> No Movement	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Difficult <input type="checkbox"/> Shallow <input type="checkbox"/> Absent	<input type="checkbox"/> Normal <input type="checkbox"/> Cyanotic <input type="checkbox"/> Warm, Hot <input type="checkbox"/> Pale, Ashen <input type="checkbox"/> Jaundiced <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Cool	<input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Left <input type="checkbox"/> Right
BLS RUN		BLS TREATMENT GIVEN		ALS RUN	
<input checked="" type="checkbox"/> Pregnancy <input type="checkbox"/> Delivery Sex M F Time: : :		<input checked="" type="checkbox"/> Trauma <input type="checkbox"/> MAST Trousers <input type="checkbox"/> Splinting <input type="checkbox"/> Bleeding Control		<input type="checkbox"/> IV Fluid Type : <input type="checkbox"/> IV Gauge By : <input type="checkbox"/> Telemetry <input type="checkbox"/> Witnessed Arrest <input type="checkbox"/> Bystander CPR <input type="checkbox"/> CFD CPR <input type="checkbox"/> AED Applied	
ALS TREATMENT GIVEN		ALS TREATMENT GIVEN		ALS TREATMENT GIVEN	
<input type="checkbox"/> Oxygen <input type="checkbox"/> Cannula <input type="checkbox"/> Mask <input type="checkbox"/> Ambu. Bag L/min. 10		<input type="checkbox"/> Spinal Immobilization <input type="checkbox"/> Cervical Collar <input type="checkbox"/> Backboard <input type="checkbox"/> Head Immobilization		<input type="checkbox"/> Cardiac Treatment <input type="checkbox"/> Monitor Applied <input type="checkbox"/> EKG Rhythm <input type="checkbox"/> Defibrillate <input type="checkbox"/> Suction <input type="checkbox"/> Intubation By :	
Ambulance/Rescue Unit Assessment					
PT. C/O DIFF. BREATHING & SOB. & GENERAL WEAKNESS. PT. PRESENTLY BEING TREATED FOR PULMONARY HYPER, ASTHMA, & PULMONARY PROBLEMS. - TRANS TO BELMONT FOR TREATMENT.					
Equipment Left at Hospital					

Receiving Hospital Signature x

INSURANCE & EMPLOYER INFORMATION		POLICY HOLDER INFORMATION	
<input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other	Other Name : Policy No. : 103245175799 Employer Name :	Relationship to Patient : <input checked="" type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Sex : <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Name : Kathryn Tubbs Social Security No. : 426-11-6127
INSURANCE & EMPLOYER INFORMATION		POLICY HOLDER INFORMATION	
<input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other	Other Name : Policy No. : Employer Name :	Relationship to Patient : <input checked="" type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Sex : <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Name : Social Security No. :